



CANNON BUILDING  
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STATE OF DELAWARE  
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

## GAMING CONTROL BOARD

### AUTHORIZATION FOR RELEASE OF INFORMATION

#### CRIMINAL HISTORY RECORD CHECK

#### USE FOR APPLICANT PURPOSES

(PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK)

REASON FOR REQUEST: Delaware Gaming Control Board's No Limit Texas Hold 'Em License

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI

\_\_\_\_\_  
SUFFIX

ALL OTHER NAMES USED IN THE PAST:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

#### MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:

THE ADDRESS I HAVE DESIGNATED BELOW:

Name/Company: Division of Professional Regulations – Investigative Unit

Address: \_\_\_\_\_

City/State: D420A

ATTN: Sam Nickerson

#### AUTHORIZATION TO RELEASE INFORMATION:

As an applicant I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: \_\_\_\_\_ DATE: \_\_\_\_\_

Telephone Number

Home: \_\_\_\_\_

Work: \_\_\_\_\_

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.